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RURAL DISTRICT OF DAVENTRY



ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR 1971

JOAN M. ST. V. DAWKINS

Medical Officer of Health

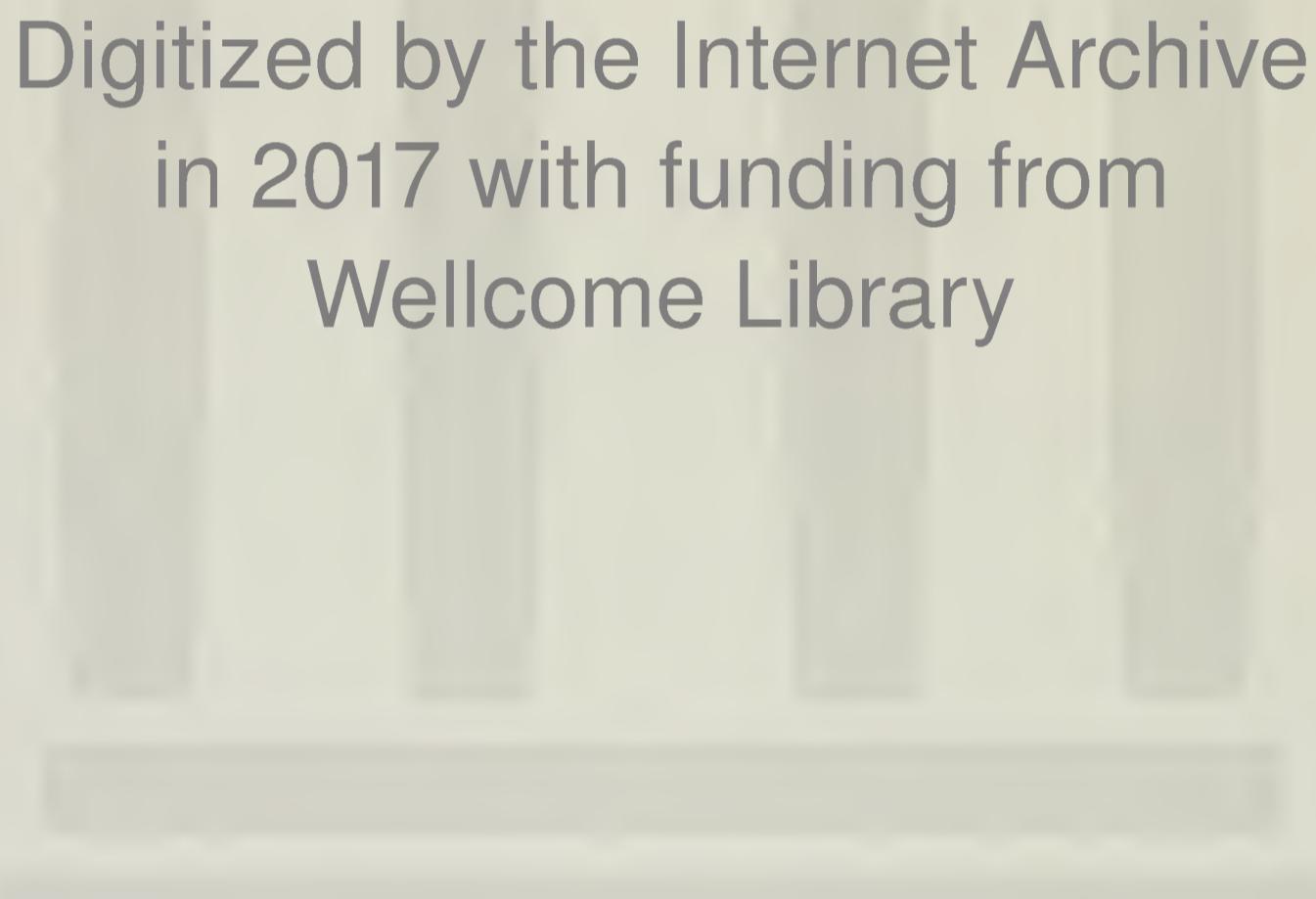
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DAVENTRY RURAL DISTRICT COUNCIL

Members of the Public Health and Housing Committees:-

Chairman of Public Health Committee: Mr. Councillor A.J.Checkley.
Chairman of Housing Committee: Rev.Canon S.F.W.Powell.

Vice Chairman of Public Health Committee: Mr. Councillor H.Seal.
Vice Chairman of Housing Committee: Mr.Councillor C.H.Shingles.

Messrs. Councillors E.R.Buswell.(Chairman of the Council); J. Cox (Vice Chairman of the Council); J.O.Adams, J.P. Mrs.G.L.Atterbury; Mrs. I.V.Bevan; T.C.Bodily; Miss.N.A.Burrows; Mrs.F.E.Chaplin; Mrs.P.A.Dent; F.J.Dixon; W.H.Eadon; Mrs.M.H.Henson; Mr. J.R.Hutt; Mrs.J.M.Jackson; A.B.Lees; Mrs.N.Leach; H.A.Malin; S.J.Patrick; Rev.Canon S.F.W.Powell; W.J.Preece; R.Quinney; V.J.Smith; P.Southam; H.E.Upton; W.J.Webb and Mrs.C.D.Woodroffe.

Public Health Officers of the Council.

Joan M. St V. Dawkins, MB., B.S., F.F.C.M., D.P.H., D.C.H.,
Medical Officer of Health, Division 1, Northamptonshire.

(Boroughs of Brackley and Daventry; Urban District of Wellingborough; Rural District of Brackley, Brixworth, Daventry, Northampton, Towcester and Wellingborough.)

Senior Assistant County Medical Officer of Health

Secretary: Mrs. Erica Stevenson

Chief Public Health Inspector and Housing Officer:
B.K.L. Doughty. M.A.P.H.I., M.Inst.P.C.

Additional Public Health Inspector:
S.J.Green. M.A.P.H.I.

Public Health Inspector's Assistant and Meat Inspector:
B.C.Lines. A.M.R.S.H. M.A.M.I.

To: The Chairman and Members of the Rural District Council of Daventry.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my sixteenth Annual Report as Medical Officer of Health, which also incorporates that of the Chief Public Health Inspector.

The report is presented once again in six sections, each dealing with an aspect of environmental control: the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances: the fourth on housing; the fifth on food, and the sixth on the control of infectious and other diseases. In addition, while increasingly the prevention of disease is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The district, with at its centre the expanding town of Daventry, remains pleasantly rural in character, much of it still unspoiled, with agriculture continuing as the main occupation. There is no atmospheric pollution and little industry.

The vital statistics for the year show that there is a decrease in population of 600 according to the Registrar General's mid-year estimate of 18,750. There were 215 deaths, a decrease of 9 on last year's figure. This gives a standardised rate of 11.8 compared with the national figure of 11.6. Male deaths exceeded female deaths by 7. Details and comments on the causes of death are given in Section A. The total number of live births was 296, an increase of 21 on last year and giving a standardised rate of 19.6 compared with the national figure of 16.0. Illegitimate births were 16, 2 more than in 1970. There were no deaths under the age of one year.

Infectious disease notifications were reduced from 123 last year to 114 for 1971, this showed a decrease of 9, and included 15 (-)* cases of whooping cough, 3 (2)* of scarlet fever, 2 (4)* of infective hepatitis, 7 (9)* of food poisoning, and 3 (15)* dysentery. 11 (8)* people died from pneumonia, 11 (7)* from bronchitis and 1 (-)* from tuberculosis. There were 84 (94)* cases of measles. Measles vaccination increased considerably in the country, and it is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, (apart from measles), should succeeding generations of parents fail to respond to the need for immunisation, recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus and now measles. With tuberculosis vaccination in the early teens. Towards the end of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen; this age limit has now been lowered to include eleven and twelve year old girls.

Sanitary circumstances were maintained throughout the year in an efficient manner. The alterations and additions to the Long Buckby works were completed, and the new scheme at Whilton commenced early in the new year as did the alterations at the Braunston works.

*the figure for last year.

Refuse collection continued on a weekly basis throughout the district with the Incentive Scheme working satisfactorily.

As in 1970 there were no council dwellings built during the year, but 193 privately owned houses were completed and occupied. By the end of 1970 930 unfit houses had been dealt with but it has been estimated that 250 still remain.

The maintenance of high standards in food hygiene control continues to form an important aspect of the work of the health department, and technical innovations in the production, manufacture and storage of food, a more mobile population, resulting in an increase in the use of canteens and restaurants, place further pressures on staff. Foreign travel, and the importation of intestinal infections, particularly in food handlers, now present another difficult problem. The district has been fortunate that there have been few cases of food borne infection. These have been described in detail later in the report. Generally, food borne infection remains too high, and constant vigilance is needed by our inspectors in all aspects of food control. However, satisfactory food hygiene is ultimately always dependent on the individual who handles the food. The need for adequate training and subsequent supervision of employees by employers cannot be too strongly stressed. The public are the final arbiters and should always be on the alert for poor practice, refusing to accept low standards. Finally all primary food hygiene starts in the home.

The year has been notable for the publication in the late summer of the Consultative Document on the re-organisation of the National Health Service, and the date of April 1974 was fixed both for its implementation and that of local government. There has been much uncertainty during the year as to the future of the organisation of the environmental health services which are destined to remain under the control of the local authorities. Former statutory responsibilities will be relinquished and the title of medical officer of health will cease. Medical staff will transfer to the National Health Service and it is assumed that medical advice shall be received from community physicians, designated as advisors to the local authority. The carefully built up structure evolved successfully over many years in the control of infectious disease will therefore, cease to operate from April 1974. It is to be hoped that satisfactory safeguards will be maintained in the re-organised structure. The medical officer of health has the duty to ascertain, report and advise upon all aspects affecting the health of the community. He acts in fact as "watchdog" of his area, and has the further function of advisor in occupational health to the employees of his authority. The need for these services will continue. The community physician as part of the National Health Service will be well placed to observe and report on all matters relating to health in his area, while his position as advisor to the local authority can continue and could prove to be a valuable link with the health services, as through the elected representatives a two way communication with the public can be maintained.

While the achievements in the environmental field of the last half century have resulted in the availability of pure water, clean air, sewage disposal, refuse collection, adequate housing, schools and other institutions as well as control of infectious disease, it is ironic that having attained this secure sanitary environment developments during the last decade may now threaten it. While massive changes in administrative control are now envisaged, it might be profitable to consider those factors which the new administration will need to direct their attentions.

In the first instance a major problem is that of population control. For many years, while providing a National Health Service, family planning arrangements have been fragmented between the three branches of the service and voluntary organisations, with wide disparities in the degrees of provision. The extension of family planning and abortion legislation has not succeeded in standardising services throughout the country. The need is paramount, and it is as well to reflect on the figures. At present there are 300,000 excess of births over deaths annually, and if the demographic projection for the year 2,000 A.D. is correct the current figure of 55 million will increase to 66.5 million. This means that each year there will be a population increase of a town double the size of Northampton, so that by the end of the century there will be the need to establish 56 such towns in population terms. It is estimated that 150,000 unwanted children are born annually: we know that the genesis of maladjustment, delinquency and crime lie in the early years of childhood, and one can assume that it is from this group of unwanted and often rejected children that such problems arise. Inevitably, if population is not checked, those factors which already are causing anxiety will be increased, and pollution of air, water, land and sea, with the added hazard of chemical contamination, will ensue. The resulting overcrowding, creating traffic congestion, despoilation of the countryside and noise, need to be considered for their ultimate combined effects on mental health.

While local authorities are already confronted with an enhanced problem of dealing with the pollutants of their own environment, the steady demand for an increase in all services and the introduction of chemicals resulting in new toxic wastes, adds further to disposal problems. The recent dumping of cyanide in my own health division contributes another factor of concern as the demand for water supplies are requiring additional use of river water and thus to re-cycling of water through water supply and sewage disposal systems.

Factory farming methods introduce another innovation which require monitoring: noise, a hazard to health hitherto confined to specific entities, is now becoming a universal irritant that can ultimately erode mental tranquillity.

While this report relates to the local environmental health it would be incomplete without some reference to the personal health of the individuals living in that area. Life either adapted to those surroundings or endangered by the misuse of its products are a part of that ambience. It is therefore as much our objective to observe (and hope to prevent) such personal habits which are inimical to health as it is to maintain a sanitary environment.

The concept of the welfare state, which with all its provisions should result in a lessening demand for and need of health services, has proved to be a chimera. Much has indeed been achieved, but already unanticipated results are evident. These are mostly related to the individuals choice of his way of life.

While diet is adequate and there is little evidence of undernourishment, malnutrition still exists in the considerable over consumption of carbohydrates, with resulting tooth decay and obesity. While the deleterious effect on teeth could be mitigated by the addition of a harmless modicum of fluoride to drinking water, clamant pressures by a minority have succeeded in preventing this, while Governments have been reluctant to legislate. (In our own county, the two major health authorities exchanged their decisions of dissent and assent creating a further farcical stalemate).

As well as misuse of diet and alcohol, there is no lessening of the practice of cigarette smoking. I write annually concerning the habit which is a major danger to health; I repeat the facts without hesitation. Cigarette smoking is the greatest single avoidable cause of death in this country at the present time with a probable 50,000 deaths a year from lung cancer, chronic bronchitis and heart disease. Success in the achievement of a sanitary environment is being eroded by the personal choice of individuals. Few can now claim ignorance of its ultimate effect and the acceptance of this health hazard is a voluntary one; yet a national campaign was mounted by the majority of womens' organisations to promote a cytology service (to prevent cervical cancer- causing less than 3,000 deaths a year); one asks why such organisations do not promote campaigns whose objectives are directed at the major killer? It is therefore necessary to continue relentlessly to press for the need for every means to be exerted in the spreading of information concerning the effects of cigarette smoking. Does smoking start by emulation of an admired elder person? I believe it does, and parents, teachers, pop stars, television personalities, footballers and perhaps doctors have the responsibility of setting an example to young people. The facts and figures relating to smoking are in Section A of the report, and I make no excuse for my annual repetition of this necessary information.

Though the harm caused by cigarette smoking is now obvious, other factors inimical to personal health are not so apparent. In the light of present knowledge it is our aim to consider what mortality and morbidity can be prevented. Prevention can be divided into three stages and in each decade of life this discipline can be used. Primary or absolute, as for example in the immunisation to infectious disease, secondary in the early detection and therefore elimination of an illness already evident as in early cancer, and finally tertiary, the amelioration of or delay in deterioration in the chronic diseases such as those affections of bones and joints that cause so much long term suffering and crippling, and finally to anticipate the needs of the elderly early and prevent breakdown.

There still remains a heavy toll of early and unnecessary death, particularly from arterial disease resulting in coronary thrombosis and stroke; from accidents in the home and on the road; and in the need to detect early cancer. Details on these subjects are included in Section A of the report. Finally research into the causation of disease proceeds concurrently, and for this adequate resources are required.

In the field of mental illness while many material anxieties have been removed there is no lessening of this affliction. Is the occurrence of mental illness higher or lower in countries where individual freedom is curtailed, where life has to be endured rather than enjoyed? We know that during the war there was little neurotic illness. When the need for aggression, for discipline even endurance is removed, there would appear to be no lessening of mental illness. Instead aggression appears in the form of car accidents, vandalism and crime, lack of discipline in sexual promiscuity (with an increase in venereal disease) and drug taking, and perhaps the elimination of the need to endure hardship in neurosis and depression. The etiology of mental illness is a perplexing one, and while many are employed in endeavouring to alleviate sickness already established few are yet considering its primary prevention.

I recollect at the inception of the National Health Service hearing the view that full provision of medical care together with advances in techniques would soon eliminate the need for that branch of the profession whose practice was devoted to prevention. It would appear instead that, though the objectives may change, the challenge is as great as ever.

On a personal note I had the honour to hold office as Chairman of the Northampton division of the British Medical Association; was appointed Chairman of the Oxford Region of Public Health Medical Officers for the fourth year, and represented that Region, again for the fourth year on the Public Health Committee of the British Medical Association. I was also again appointed to the Whitley Council Staff Side

To Mr.B.K.L.Doughty, Mr.S.J.Green and Mr.B.C.Lines, I give my thanks for their steadfast service throughout the year and for their help in the compilation of this report. In addition, I extend my thanks to the Chairmen and Members of the Housing and Public Health Committees for their interest and encouragement.

Finally I express my appreciation to the County Medical Officer of Health for his ready co-operation in the supply of information.

I have the honour to be your
Obedient Servant,

JOAN M. ST. V. DAWKINS,

Medical Officer of Health.

Council Offices,
Church Walk,
DAVENTRY, NN11 4BJ.
Telephones: 2184-5-6.

SUMMARY OF VITAL STATISTICS FOR 1971

| | |
|---|-------------|
| Area (in acres) | 79,424 |
| Population (mid-year estimate by Registrar-General) | 18,750 |
| Number of separate dwellings occupied | 6,966 |
| Number of caravans occupied | 8 |
| Rateable Value (1971/72) | £607,257.00 |
| Product of a 1p. rate | £5,975.00 |

NORTHAMPTONSHIRE COUNTY COUNCIL

Vital Statistics:

| | Northamptonshire | England and Wales | Rate (Total) | | |
|--|------------------|----------------------|--------------|---------|-------|
| | | | Males | Females | Total |
| Live Births 3,348 | 3,014 | 6,362 | | | . |
| Live birth rate per 1,000 population | | | 18.48 | 16.04 | |
| Illegitimate live births per cent of total live births | | | 6.51 | 8.38 | |
| Stillbirths 31 | 37 | 68 | | | |
| Stillbirths rate per 1,000 live and Stillbirths | | | 10.58 | 12.48 | |
| Total live and stillbirths... ... 3,379 | 3,051 | 6,430 | | | |
| Infant Deaths 68 | 46 | 114 | | | |
| Infant Mortality Rate: | | | | | |
| Total (per 1,000 live births)... | | | 17.92 | 17.53 | |
| Legitimate (per 1,000 legitimate live births) | | | 17.48 | | |
| Illegitimate (per 1,000 illegitimate live births) | | | 24.15 | | |
| Neonatal (first four weeks) mortality rate per 1,000 live births ... | | | 10.69 | 11.63 | |
| Early Neonatal (under 1 week) mor- tality rate per 1,000 live births | | | 8.65 | 8.81 | |
| Perinatal (stillbirths and deaths,un- der 1 week combined) mortality rate per 1,000 live and stillbirths | | | 19.13 | 21.75 | |
| Maternal deaths (including abortions) | | | 1 | | |
| Maternal mortality rate per 1,000 live and stillbirths | | | 0.16 | 0.17 | |

SUMMARY OF VITAL STATISTICS SINCE 1948

| Year | Estimated Population | BIRTHS | | DEATHS | | All ages | |
|------|-------------------------|--------|---------------|--------|--------------|----------|-------|
| | | No. | Crude Rate | No. | Under 1 year | No. | Rate |
| 1948 | 15,850 | 281 | 17.6 | 6 | 21.0 | 167 | 10.60 |
| 1949 | 15,900 | 250 | 15.7 | 14 | 56.0 | 217 | 16.10 |
| 1950 | 15,840 | 255 | 16.0 | 5 | 19.6 | 190 | 11.90 |
| 1951 | 16,290 | 274 | 16.9 | 4 | 14.6 | 201 | 12.30 |
| 1952 | 16,440 | 236 | 14.3 | 7 | 29.6 | 182 | 11.07 |
| 1953 | 16,480 | 252 | 15.29 | 7 | 27.7 | 162 | 9.83 |
| 1954 | 16,590 | 257 | 15.27 | 2 | 7.7 | 202 | 12.1 |
| 1955 | 16,550 | 222 | 13.3 | 5 | 22.5 | 185 | 11.21 |
| 1956 | 16,490 | 265 | 16.09 | 5 | 22.5 | 185 | 11.21 |
| 1957 | 16,450 | 269 | 16.35 | 5 | 18.58 | 197 | 11.97 |
| 1958 | 16,370 | 267 | 16.3 | 9 | 33.7 | 196 | 11.36 |
| 1959 | 16,480 | 248 | 15.05 | 3 | 11.8 | 185 | 11.2 |
| 1960 | 16,190 | 251 | 15.5 | 5 | 19.9 | 188 | 11.6 |
| 1961 | 15,830 | 249 | 15.7 | 2 | 8.0 | 186 | 11.7 |
| 1962 | 16,050 | 276 | 17.9 | 2 | 7.2 | 188 | 11.09 |
| 1963 | 16,520 | 306 | 18.52 | 4 | 12.8 | 202 | 12.23 |
| 1964 | 17,050 | 299 | 17.53 | 5 | 16.7 | 181 | 10.61 |
| 1965 | 17,580 | 291 | 16.5 | 5 | 17.1 | 181 | 10.3 |
| 1966 | 17,940 | 345 | 19.2 | 5 | 14.4 | 205 | 11.4 |
| 1967 | 18,160 | 291 | 16.0 | 2 | 6.9 | 198 | 10.9 |
| 1968 | 18,430 | 310 | 16.8 | 5 | 16.1 | 222 | 12.0 |
| 1969 | 19,150 | 288 | 15.0 | 3 | 10.0 | 221 | 11.8 |
| 1970 | 19,350 | 275 | 14.2 | 9 | 33.0 | 224 | 11.9 |
| 1971 | 18,750 | 296 | 19.6 | - | - | 215 | 11.8 |

Vital Statistics:

| | | Local Authority Area. | | | England and Wales (Total) |
|--|--------------|-----------------------|---------|----------------------|---------------------------------|
| | | Males | Females | Total | |
| Estimated mid-year home population | | - | - | 18,750 | 48,815,000 |
| Live Births | Total | 163 | 133 | 296 | 783,165 |
| | Legitimate | 156 | 124 | 280 | 717,491 |
| | Illegitimate | 7 | 9 | 16 | 65,674 |
| Stillbirths | Total | 1 | - | 1 | 9,898 |
| | Legitimate | 1 | - | 1 | 8,826 |
| | Illegitimate | - | - | - | 1,072 |
| Total live and still births | Total | 164 | 133 | 297 | 793,063 |
| | Legitimate | 157 | 124 | 281 | 726,317 |
| | Illegitimate | 7 | 9 | 16 | 66,746 |
| Deaths of infants under 1 year of age | Total | - | - | - | 13,726 |
| | Legitimate | - | - | - | 12,140 |
| | Illegitimate | - | - | - | 1,586 |
| under 4 weeks of age | Total | - | - | - | 9,113 |
| | Legitimate | - | - | - | 8,121 |
| | Illegitimate | - | - | - | 992 |
| under 1 week of age | Total | - | - | - | 7,750 |
| | Legitimate | - | - | - | 6,903 |
| | Illegitimate | - | - | - | 847 |
| Deaths--all ages | | 111 | 104 | 215 | 567,345 |
| | | | | Local Authority area | England and Wales |
| Live birth rates, etc., | | | | | |
| Live births per 1,000 home population (Crude rate) | | 15.8 | | 16.0 | |
| Area comparability factor | | | 1.24 | | 1.00 |
| Local adjusted rate | | | 19.6 | | 16.0 |
| Ratio of local adjusted rate to national rate | | | 1.22 | | 1.00 |
| Illegitimate live births as percentage of all live births | | 5 | | 8 | |
| Stillbirth rate: | | | | | |
| Stillbirths per 1,000 total live and stillbirths | | 3 | | 12 | |
| Infant mortality rates: | | | | | |
| Deaths under 1 year per 1,000 live births | | | - | 18 | |
| Deaths of legitimate infants under 1 year per 1,000 legitimate live births | | | - | | 17 |
| Deaths of Illegitimate infants under 1 year per 1,000 illegitimate live births | | | - | | 24 |
| Neo-natal mortality rate: | | | | | |
| Deaths under 4 weeks per 1,000 live births | | | - | 12 | |
| Peri-natal mortality rate: | | | | | |
| Stillbirths and deaths under 1 week combined, per 1,000 total live and stillbirths | | 3 | | 22 | |
| Deaths Rates, etc - all ages | | | | | |
| Deaths per 1,000 home population (crude rate) | | 11.5 | | 11.6 | |
| Area comparability factor | | | 1.03 | | 1.00 |
| Local adjusted rate | | | 11.8 | | 11.6 |
| Ratio of local adjusted rate to national rate | | | 1.02 | | 1.00 |

STATISTICS SHOWING POPULATION AND NUMBERS OF
OCCUPIED HOUSES IN EACH PARISH OF THE DISTRICT

| Parish | Population | | | Number of Occupied Houses | | |
|-------------------|----------------|----------------|----------------|---------------------------|-------------------|-------|
| | 1931 census | 1951 census | 1961 census | Private Houses | Council Houses | Total |
| Ashby St. Ledgers | 210 | 196 | 142 | 53 | - | 53 |
| Badby | 440 | 478 | 483 | 146 | 66 | 212 |
| Barby | 471 | 536 | 427 | 254 | 44 | 298 |
| Braunston | 1015 | 1161 | 1198 | 354 | 185 | 539 |
| Brockhall | 38 | 34 | 29 | 8 | - | 8 |
| Byfield | 868 | 796 | 838 | 210 | 136 | 346 |
| Canons Ashby | 49 | 42 | 23 | 10 | - | 10 |
| Catesby | 91 | 85 | 80 | 29 | - | 29 |
| Charwelton | 165 | 166 | 157 | 41 | 8 | 49 |
| Clay Coton | 71 | 51 | 54 | 11 | 4 | 15 |
| Crick | 681 | 728 | 780 | 341 | 69 | 410 |
| Dodford | 238 | 216 | 162 | 51 | 5 | 56 |
| Elkington | 69 | 62 | 53 | 19 | - | 19 |
| Everdon | 406 | 420 | 364 | 122 | 24 | 146 |
| Farthingstone | 177 | 174 | 145 | 51 | 8 | 59 |
| Fawsley | 29 | 21 | 29 | 13 | - | 13 |
| Flore | 786 | 896 | 927 | 306 | 106 | 412 |
| Hellidon | 148 | 160 | 141 | 55 | 4 | 59 |
| Kilsby | 501 | 558 | 666 | 238 | 82 | 320 |
| Lilbourne | 209 | 241 | 227 | 83 | 29 | 112 |
| Long Buckby | 2325 | 2316 | 2368 | 742 | 221 | 963 |
| Newnham | 356 | 383 | 358 | 140 | 32 | 172 |
| Norton | 315 | 265 | 243 | 122 | - | 122 |
| Preston Capes | 156 | 167 | 162 | 55 | 12 | 67 |
| Stanford | 53 | 43 | 36 | 12 | - | 12 |
| Staverton | 319 | 361 | 365 | 115 | 30 | 145 |
| Stowe-ix-Churches | 219 | 180 | 151 | 73 | 4 | 77 |
| Watford | 324 | 281 | 236 | 71 | 14 | 85 |
| Weedon | 1750 | 1734 | 1489 | 360 | 213 | 573 |
| Welton | 358 | 381 | 364 | 139 | 51 | 190 |
| West Haddon | 714 | 704 | 770 | 259 | 72 | 331 |
| Whilton | 216 | 168 | 171 | 57 | 10 | 57 |
| Winwick | 153 | 89 | 92 | 34 | - | 34 |
| Woodford Halse | 1740 | 1764 | 1775 | 434 | 206 | 640 |
| Yelvertoft | 349 | 462 | 451 | 241 | 46 | 287 |
| | 16009 | 16293 | 15956 | 5285 | 1681 | 6966 |

It will be noted that the mid-year population, 1971 estimated by the Registrar-General was 18,750.

SECTION A

NATURAL AND SOCIAL CONDITIONS

The district continues to be largely rural, the main occupation being agriculture. However, the majority of the working population are employed outside the district at Daventry, Banbury, Coventry, Northampton or Rugby. There is a Ministry of Works and Public Buildings Depot and a Goods vehicle testing station on the sites of the old Ordnance Factory and Equitation School at Weedon, also a small chemical factory in that parish. At Welton the large Export Packing Station continues, also pre-cast concrete buildings sections are produced in another part of the area at Welton Station, the future of the latter was in some doubt at the end of the year. The light engineering factory was closed down at Long Buckby, and this new building remains un-occupied. There are small light engineering factories at Braunston and Weedon, a small factory with additions was maintained at Barby. The glue and adhesive factory continued at Braunston. The potato crisp factory at Long Buckby flourished, whilst the small boot and shoe closing factories at Long Buckby, Weedon and Woodford Halse (2) created some measure of employment, particularly amongst the female members of the areas. The M1 motorway with its canteens and petrol filling stations on each side of the motorway at Watford Gap created employment for both male and female persons.

The area of the district is 79,424 acres or 124.3 square miles, which gives an average of one person to 4.2 acres or 151 persons to the square mile.

The Registrar-General's figure of the mid-year estimated population was 18,750 showing a somewhat surprising decrease of 600 on the figure for 1970, but probably this total had increased by the end of the year. The 1971 census figure for the district was 19,035. The natural increase in the population, the excess of births over deaths was 81.

BIRTHS: The number was 296, an increase of 21 compared with the previous year giving a standardised rate of 19.6 calculated on the comparability factor of 1.24, compared with 16.0 for England and Wales per 1,000 of the total population.

STILLBIRTHS: The figure was 1, compared with 2 the previous year and gave a rate of 3.0 per 1,000 live and stillbirths.

ILLEGITIMATE BIRTHS: The number was 16, an increase of 2 compared with the previous year.

MATERNAL MORTALITY: No death was recorded.

INFANT MORTALITY: It is with much satisfaction it can be recorded there was no death of a child under the age of one year. This must rank as a record and extremely pleasing to all concerned.

DEATHS: The total recorded was 215, a decrease compared with the previous year. The standardised death rate was 11.8 compared with 11.6 for England and Wales. The standardised rate is calculated from the Registrar-General's comparability factor (1.03) which makes allowance for age and sex distribution of the population in different areas and is adjusted specifically to take into account the presence of any residential institutions in the area.

There remain, though generally people are living longer, a number of premature and preventable deaths. In the district last year out of a total of 215 deaths, 58 died before the age of 65 and a further 64 between 65 and 74, making a total of 122 deaths before the age of 75. Therefore, more than half of the total deaths are still occurring before the three score years and ten (with the hopeful addition of an extra 5 years). More people live to achieve the extra years, but life span remains static. Of the deaths before 75, 70 were males and 52 females. Premature death is now caused mainly by accidents, arterial disease and the cancers. There was 1 death from a motor vehicle accident, under 24 years. Of the total of 114 deaths from diseases of the heart and circulation, 30 males and 21 females died before 64, and 22 males and 16 females between the ages of 65 and 74 years. The cancers took a total of 56 deaths 39 of these before the age of 75 and 14 in the age group 55 to 64, and there were 6 deaths from cancer before the age of 55. 10 males and 2 females died from cancer of the lung, being in the age groups 45 to 74 years.

DEATHS FROM CANCER

Cancer of the Lung Cigarette Smoking

The recently published report of the Royal College of Physicians on Smoking and Health Now, states that premature death and disabling illness caused by cigarette smoking have reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country. It maintains that the challenge remains unanswered and that the Government has done little to curb smoking.

The fatal effects of tobacco smoking are almost restricted to cigarette smokers and increase with the amount smoked. Cigarette smokers are about twice as likely to die in middle age as are non-smokers. It is said that 50,000 deaths a year can be attributed to cigarette smoking either from cancer of the lung (of which there were in 1971 30,746 deaths, 25,137 males, 5,609 females), chronic bronchitis, emphysema, coronary disease, cancer of the mouth, larynx and oesophagus and certain other cancers which are commoner in cigarette smokers.

In spite of all the publicity, and few smokers indeed must now not be aware of the harmful effects of smoking, the only group of individuals who have stopped smoking are doctors, and only one third of doctors smoked cigarettes compared with two thirds of other men. In fact among women the smoking habit has increased.

It is essential that those who already smoke must be persuaded to give up smoking, but the greatest challenge is to succeed in convincing young people that they should never start to smoke, and the need for doctors, teachers and others who have contact and influence with children to set an example cannot be over-emphasised.

Many other measures are needed, such as the restriction of smoking in public places and at work, limitation of advertising and gift and coupon schemes, the printing of warning notices on cigarette packets and ever widening publicity of the dangers on the mass media.

Those who already smoke need special advice and clinics should be established to assist them. They should be advised to turn to the less harmful pipe and cigar. To smoke few cigarettes, inhale less, to smoke less of each cigarette, take fewer puffs and use cigarettes with a lower tar and nicotine content.

Other Cancers

The causes of cancer, apart from cancer of the lung, remain still to be ascertained. However some progress is being made, and different methods of controlling the cancerous diseases have greatly increased in effectiveness in recent years. Research is providing information which will help in prevention, in early detection and treatment. New techniques for detection including mammography and xerography, cytology and immunodiagnosis are being used and further improved, while chemotherapy with carcinostatic drugs and hormones and perhaps immunotherapy in the future, may all prove to be new and effective chemo-therapeutic agents. At present early detection and new and more effective treatment have restored numerous patients to lives of good quality for many years.

Arterial Disease

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

Accidents

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1971 7,696 were killed on the roads compared with 7,500 in 1970.

Deaths from accidents in the home are also continuing at a rate which is far too high. Elderly people are by far the most frequent victims of fatal home accidents, and in 1970 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 10 per cent of the total.

In England and Wales during 1970 a total of 6,482 people died as a result of accidents in and around the home. This is 25 (or 0.4 per cent) fewer than in the previous year. Further analysis indicates that although 116 more people died in residential institutions, the number of deaths which occurred in private homes fell by 141.

SECTION 8

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES

Laboratory Service: The Public Health Laboratory Service operating at the General Hospital, Northampton was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples, and was free of cost to the authority. A helpful and efficient service is provided, and we thank Dr. Hoyle for his constant co-operation

Ambulance Service: Local ambulances under the control of the County Council are used for cases occurring in the district.

Nursing in the Home, Midwives and Health Visitor Service: These are provided directly by the County Council, who have their nurses living in various parishes in the district.

Child Welfare Centres and Clinics: Infant Welfare Clinics were held at Long Buckby, Braunston, Welton and Woodford Halse. In addition the villages of Barby, Crick, Kilsby, Lilbourne, Newnham, Norton, Staverton, Weedon, West Haddon and Yelvertoft were visited by the mobile caravan clinic, which was instituted to give clinic service to areas previously lacking this amenity. Transport facilities were provided by the County Council in various parts of the District for mothers and children to attend clinics at a nearby centre.

Hospitals: Those suffering from infectious disease were treated at Harborough Road Isolation Hospital, Northampton. Sufferers from tuberculosis who required institutional treatment were sent either to Creaton or Rushden House Sanatoria. The majority went to Creaton.

All other general and surgical cases were treated at Northampton General Hospital, Danetre Hospital, Horton Infirmary, Banbury, or Hospital of St. Cross, Rugby. The continued treatment of patients at Danetre Hospital has been beneficial to the District, for patients and friends alike.

WELFARE OF THE AGED

National Assistance Act, 1948, and Section 47, National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. No action was necessary under this Act, this year.

SERVICES FOR OLD PEOPLE

The following provide services for old people:-

1. The National Health Service

- (a) General Practitioner Service.
- (b) Hospital and Specialist Service.

2. The County Council

(a) The Health Department

1. District Nurses
2. Health Visitors
3. Chiropody Services
4. Certain Home Equipment

(b) The Social Services Department

From the 1st April 1971 the Social Services Department was established in accordance with the requirements of the Local Authority Social Services Act, 1970. In Northamptonshire the department was formed by the amalgamation of the former Childrens' and Welfare Departments, together with several functions which were previously the responsibility of the Health Department, including certain child health functions, care of the handicapped, and Mental Health and Home Help sections.

The following services are now provided for the elderly by this Department:-

1. Home Help Service. This is of inestimable value in the prevention of breakdown in the aged, and many are able to remain in their own homes who would otherwise have to be removed to institutions.
2. Residential Accommodation
3. Holidays for the elderly
4. Special services for the blind and deaf, and home fittings where necessary.

3. Department of Health and Social Security

Financial help where necessary.

4. The District Council

Homes for the aged, flats, and in some cases flatlets with Warden supervision.

5. Voluntary Organisations

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off-season times; the Darby and Joan Clubs; "Meals on Wheels" Service; the Home Visiting. The Women's Voluntary Service very often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council, together with the Old People's Welfare Committee, provide co-operation between the various services.

Your Medical Officer of Health, having a special interest in the welfare of the aged, and by virtue of her appointment both to the District and the County Council, and by her relationship with other medical colleagues, endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

Old People's Clubs are organised voluntarily in a number of villages in the District. The ladies and gentlemen who run these clubs provide a service to the community which is of immense value, and are to be thanked for their constant and untiring effort.

In the past, reports have been given on the activities of these clubs. As many of these are now established to an annual pattern the regular presentation of a report is no longer necessary, though from time to time reports will be presented. I should like to thank the club secretaries for their generosity in the supplying of these often lively accounts of years activities, and shall possibly bi-or triennially hope that they will continue to give me this information.

The following villages have Old People's Clubs:-

Badby, Barby, Braunston, Byfield, Crick, Flore, Kilsby, Long Buckby, Newnham, Stowe-ix-Churches, Weedon, Welton, West Haddon, Woodford Halse and Yelvertoft.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supplies: All parishes of the District, with one exception, have mains water supplies under the control of the Mid-Northamptonshire Water Board. At Ashby St. Ledgers the supply is privately owned and controlled. Only a very few isolated farms and cottages do not have a mains supply, relying on pumps and wells, but each year there are more connections to the mains. There are generally adequate supplies of pure wholesome water available, which is treated by chlorination and all supplies are regularly analysed by the Board. The main source of the water is Pitsford Reservoir situated 12 miles from Daventry where the water is constantly checked for purity.

The water is pumped from Pitsford to a local reservoir on Borough Hill overlooking Daventry. The water is moderately hard in character, and apart from a minute trace of iron, metals are absent; it has no plumbago solvent action.

STATISTICS SHOWING HOUSES WITH PIPED OR
NON-PIPED WATER SUPPLIES

| | Houses with Piped Supply | | Houses with Non-piped Supply |
|-------------------|--------------------------|-----------|------------------------------|
| | Laid-on | Stand Tap | |
| Ashby St. Ledgers | 47 | 3 | 3 |
| Badby | 203 | 6 | 3 |
| Barby | 293 | 2 | 3 |
| Braunston | 533 | 3 | 3 |
| Brockhall | 6 | - | 2 |
| Byfield | 340 | 2 | 4 |
| Canons Ashby | 6 | - | 4 |
| Catesby | 25 | - | 4 |
| Charwelton | 46 | - | 3 |
| Clay Coton | 14 | - | 1 |
| Crick | 403 | 3 | 4 |
| Dodford | 48 | 4 | 4 |
| Elkington | 13 | - | 6 |
| Everdon | 143 | - | 3 |
| Farthingstone | 54 | 3 | 2 |
| Fawsley | 9 | - | 4 |
| Flore | 424 | 4 | 4 |
| Hellidon | 57 | - | 2 |
| Kilsby | 316 | - | 4 |
| Lilbourne | 109 | - | 3 |
| Long Buckby | 955 | 4 | 4 |
| Newnham | 168 | - | 4 |
| Norton | 112 | 6 | 4 |
| Preston Cates | 64 | - | 3 |
| Stanford | 10 | - | 2 |
| Staverton | 141 | - | 4 |
| Stowe-ix-Churches | 70 | 4 | 3 |
| Watford | 79 | 2 | 4 |
| Weedon | 564 | 5 | 4 |
| Welton | 184 | 3 | 3 |
| West Haddon | 327 | - | 4 |
| Whilton | 54 | 9 | 4 |
| Winwick | 33 | - | 1 |

| | | | |
|----------------|------|----|-----|
| Woodford Halse | 633 | 2 | 5 |
| Yelvertoft | 283 | - | 4 |
| | 6773 | 65 | 119 |

SEWAGE DISPOSAL, SEWERAGE AND DRAINAGE

There was continued activity in connection with sewage disposal, in those parishes where works already exist. The new scheme at Whilton commenced early in the new year. The extensions to the works were completed at Yelvertoft, as were the extensions to the combined Barby-Kilsby works. The alterations and additions to the Long Buckby works were also completed. It was anticipated that the alterations at the Braunston works would be commenced early in the new year. The necessary work to the Lilbourne sewage disposal plant has also been completed.

The Public Health Committee are continually reviewing existing schemes and wish to initiate new schemes in those parishes without proper sewage disposal, but costs continue to rise and government grants to such new schemes has to be carefully apportioned, these together give rise to problems which the Committee have to consider when assessing future schemes or extensions of existing schemes. The over loading of the works in some parishes is causing much concern and has resulted in the temporary stopping of building development in those parishes. The following table shows the parishes of the District with modern sewage disposal schemes.

| | |
|-------------------|----------------|
| Ashby St. Ledgers | Lilbourne |
| Badby | Long Buckby |
| Barby | Newnham |
| Braunston | Norton |
| Byfield | Staverton |
| Charwelton | Watford |
| Crick | Weedon |
| Everdon | Welton |
| Farthingstone | West Haddon |
| Flore | Winwick |
| Kilsby | Woodford Halse |
| | Yelvertoft |

This means that 23 parishes of the District, out of a total of 35 have proper sewers and sewage disposal works. Of the remaining 12 parishes 7 altogether have a total of just over 100 houses, the other 5 each has over 60 houses in the parish. These parishes are constantly under review by the Committee.

The general drainage in all the seweraged parishes was satisfactory but in those with no sewers sewage often reaches open dykes, thereby causing much expense in cleansing and maintenance to obviate any possible nuisances. There are a large number of septic tanks to individual houses which require cleansing by outside contractors. This situation causes difficulty to householders, as they are not always readily available when urgently required.

DETAILS OF OTHER DUTIES OF THE PUBLIC HEALTH DEPARTMENT.

DISINFECTION AND DISINFESTATION: No cases of disinfection were carried out. 1 house was treated for bugs. 82 wasps nests were destroyed, 14 premises were treated for fly infestation and 18 premises for ants infestation.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960: All sites are licenced for single caravans only. The large site at Long Buckby closed during the year and all caravans were removed. None of the other sites gave cause for complaint.

PREVENTION OF DAMAGE BY PESTS ACT, 1949: The scheme continues to operate with success. The operator spent the greater part of his time on pests control, which includes rats and mice, wasps, flies and ants. Minor infestation at refuse tips and sewage works were speedily controlled. All refuse tips and sewage works are constantly under inspection and permanent baiting points have been maintained around the perimeters of these premises. There has been much work in connection with household complaints and these have been dealt with by the operator at no cost to the householder. A marked increase in the numbers of complaints concerning mice has occurred; the usual practice has been to visit the premises concerned, put down an initial bait and then leave a replenishment of poisoned bait with the house-holder. This procedure appears to have been successful. As in previous years, the Ministry of Agriculture, Fisheries and Food (Pests Division) have launched campaigns along with other local authorities, farmers, water-boards, river authorities, electricity undertakings and the forestry commission for the destruction of rats and mice. Some success has been achieved as a result of this action. The Councils' rodent operator visited farms to arouse interest and co-operation amongst the farmers, and many did give earnest attention to their premises. The need for continual action against the rat and mouse cannot be too strongly emphasised. Permanent baiting points should be provided at all farm premises and lands, at food premises and stores, or any situation likely to create a breeding ground. Baiting points should be continually checked and replenished when necessary and must be protected from domestic animals.

The following table shows the extent of the operative's work:-

| | |
|--|-----|
| Inspection of private dwellings | 258 |
| Inspection of council dwellings | 177 |
| Inspection and visits to farm premises | 167 |
| Treatments to private dwellings | 163 |
| Treatments to council dwellings | 77 |
| Total visits during treatments | 751 |
| Number of sewer manholes baited | 302 |
| Number of follow-up visits necessary | 578 |
| Number of treatments to sewage works | 80 |
| Number of follow-up visits necessary | 238 |
| Number of treatments to refuse tips | 30 |
| Number of follow-up visits necessary | 127 |
| Wasps nests destroyed | 82 |
| House fly infestations treated | 14 |
| Ants infestations treated | 18 |
| Mice packs issued | 157 |

Total mileage covered by van

9405 miles

Poison used:

| | |
|-------------------------|---------|
| Warfarin (1) master-mix | 36 lbs |
| Sewer Warfarin | 196 lbs |
| Drat | 4 lbs |
| Zinc Phosphide | 3 ozs |

Bait used: Pinhead Oatmeal

760 lbs.

REFUSE COLLECTION: The regular weekly collection of household refuse continued throughout the district and there was little complaint from the public concerning this service. Unfortunately, the collection of waste paper had to be discontinued for economic reasons, as the prices received for baled waste did not warrant the labour involved, and paper now goes with other refuse for deposit on the tips. The expansion of the area and the introduction of new industries with higher rates of pay, resulted in some loss of staff. However the labour force was successfully maintained. The Council had approved an incentive bonus scheme in the previous year which was satisfactory and a further incentive to keep the staff. The building of new houses has resulted in an increase in the amount of refuse collected and the content of refuse has changed over the past few years, now largely consisting of vegetable, paper, tins and bottles, making tip control more difficult to maintain at a reasonable level. The Council has undertaken the removal of abandoned vehicles from the verges, of refuse from hedgerows and dykes, and householders can also have large refuse and unwanted household articles removed, at a nominal cost, by the Council. One new larger capacity Shelvoke & Drewry refuse vehicle came into service towards the end of the year, and there are now three Pakamatic vehicles, one being held in reserve, in case of breakdown. The tip at Dodford takes all the refuse from the northern part of the district and part of the southern area, and is now approaching completion. The Council however, have an alternative tip on the A5 which has required considerable preparation prior to receipt of the refuse when the old tip is full.

The tip at Woodford Halse receives refuse from Preston Capes, Canons Ashby, Byfield, Charwelton, Hellidon and Woodford, and is now becoming full, but the Council have made good provision for an alternative site by purchasing the disused railway cuttings at Woodford Halse, which will take a large amount of refuse for a long period. Fires have continued to be a source of much expense and concern, and require the transport of earth moving equipment to the sites when they occur.

PETROLEUM (REGULATIONS) ACTS 1928 & 1936:

| | |
|--------------------------------|----|
| Number of licences renewed was | 66 |
| Number of licences granted was | 2 |

PUBLIC HEALTH ACT, 1936 (Part X) Canal Boats: There is no canal work of carrying cargo in this area. The wharves at Braunston were again busy during the summer months with trade for canal cruising holidays increasing. There is a small repair dock at Braunston, which creates some local employment.

FACTORIES AND WORKSHOPS ACTS, 1937 to 1961

Annual Report of the Medical Officer of Health in respect of the year 1971 for the Rural District of Daventry in the County of Northants.
Prescribed particulars on the Administration of the Act.

PART 1 OF THE ACT

1.-INSPECTIONS for the purpose of provisions as to health (including inspections made by the Public Health Inspector).

| Premises | Number on Register | Number of Inspections | Written Notices | Occupiers Prosecuted |
|---|--------------------|-----------------------|-----------------|----------------------|
| (i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority | - | - | - | - |
| (ii) Factories not included in (i) in which section 7 is enforced by Local Authority | 54 | 54 | - | - |
| (iii) Other premises in which section 7 is enforced by the Local Authority (excluding outworkers premises). | - | - | - | - |

2.-CASES in which defects were found (If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two three or more cases).

| Particulars | | Number of cases in which defects were found | | Referred to H.M. Inspector | by H.M. Inspector | Number of Cases in which prosecutions were instituted. |
|---|------|---|----------|----------------------------|-------------------|--|
| | | Found | Remedied | | | |
| Want of Cleanliness | (S1) | 4 | 4 | - | - | - |
| Overcrowding | (S2) | - | - | - | - | - |
| Unreasonable | | | | | | |
| Temperature | (S3) | - | - | - | - | - |
| Inadequate Ventilation | (S4) | - | - | - | - | - |
| Ineffective drainage of floors. | (S6) | - | - | - | - | - |
| Sanitary Conveniences | | | | | | |
| (a) insufficient | | - | - | - | - | - |
| (b) defective | | 1 | 1 | - | - | - |
| (c) not separate for sexes | | - | - | - | - | - |
| Other offences not relating to Outworkers | | - | - | - | - | - |
| Totals | | 5 | 5 | - | - | - |

No lists of Outworkers were received.

OFFICES SHOPS AND RAILWAY PREMISES ACT, 1963

This Act was introduced to establish a standard of health, welfare and safety in relation to the working conditions of persons employed in premises coming within the scope of the Act.

These premises include offices, shops, hairdressers, hotels, public houses, restaurants, transport cafes, canteens, wholesale warehouses and fuel storage depots.

The Act lays a duty on the Local Authority to appoint inspectors to enforce the provisions of the Act and the Public Health Inspectors have been so appointed by this Council.

The provisions of the Act, and the more detailed requirements of the Regulations made thereunder which are enforceable by the Local Authority are briefly as follows:

1. Maintenance of general cleanliness
2. Provision of adequate working space.
3. Maintenance of a reasonable temperature and provision of a thermometer.
4. Provision of adequate and suitable lighting and ventilation
5. Provision of suitable and sufficient sanitary conveniences and washing facilities.
6. Provision of an adequate and wholesome supply of drinking water.
7. Provision of suitable and sufficient seating facilities.
8. Provision of suitable and sufficient accommodation, including drying facilities for working and outdoor clothing.
9. Provision of suitable and sufficient eating facilities for the use of employed persons who are required to eat meals on the premises.
10. Construction and maintenance of secure fences on machines to guard against injury.
11. Prohibition of persons under 18 years of age from cleaning machinery if it exposes them to injury from moving parts
12. Prohibition of any person from working at any machine prescribed by an Order as being dangerous, unless he has received adequate safety training or is under adequate supervision.
13. Prohibition of any person being required to lift or move loads so heavy as to cause injury to him.
14. Provision of a first-aid box to contain specified numbers of dressings, etc., depending upon the number of employees and class of premises.
15. Notification of accidents to Local Authority
16. Construction and maintenance of all floors, passages, stairs etc., to reduce risk of accidents.
17. Display of an Abstract of the Act and Regulations for information of employees.

Routine inspections were made of registered premises and the contraventions which were found to exist included dangerous floors and stairs, defective meat slicing equipment, inadequate means of space heating, ineffective lighting and inadequate toilet and washing facilities.

All new businesses were visited as soon as possible in order to secure registration and to advise the owners of their obligations under the Act. In most cases the employers were glad to have the complexities of the Act explained to them and good co-operation has been achieved in the carrying out of the various works.

Details of any accident that occurs on registered premises, involving death, or disablement for more than 3 days, require to be sent to the Local Authority. 3 notifications were received during the year of non-fatal accidents resulting in fractures, lacerations and bruising. Falls account for the majority of these accidents and this cause is confirmed by national statistics of accidents. Employees should ensure the correct use of proper equipment for reaching goods at high level and liquid spillage on floors which produces a slippery condition should be reduced to a minimum.

Annual Report of the Public Health Inspector for the year 1971 for the Rural District of Daventry.

Prescribed Particulars on the Administration of the Act.

TABLE 1. REGISTRATIONS AND GENERAL INSPECTIONS

| Premises | Premises | Number of Premises Inspected | Employees |
|-----------------------------------|----------|------------------------------|-----------|
| Offices | 7 | 4 | 79 |
| Retail Shops | 32 | 27 | 61 |
| Wholesale Shops, Warehouses | 2 | 1 | 12 |
| Catering Establishments, Canteens | 15 | 14 | 274 |
| Fuel Storage Depots | 1 | 1 | 1 |
| TOTALS | 57 | 47 | 427 |

TABLE 2. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES 89

TABLE 3. EXEMPTIONS NIL

TABLE 4. PROSECUTIONS NIL

TABLE 5. INSPECTORS

No. of Inspectors appointed under Sections 52 (1) or (5) of the Act (Existing Staff) 2

No. of other staff employed for most of their time on work in connection with the Act. NIL

HOUSING

Further development is dependent on the availability of land and the greatly increased building cost is another deterrent to the provision of housing. A Grouped Dwelling Scheme for the elderly was started at Long Buckby and further schemes are planned for Weedon and Woodford Halse.

The figure of existing council houses becoming vacant and available for re-letting was 63, compared with 48 the previous year. Some were allocated to persons living in unfit houses, the remainder to the waiting list.

There was a waiting list of 482 applicants for council dwellings. It was expected that the whole list would be re-checked in the early part of next year. The trend has been for the number of applicants to decrease after these regular re-checks.

Steady progress was maintained in dealing with unfit properties, houses being dealt with as they became vacant and replacement houses were therefore not required, and in some instances persons from unfit properties were re-housed in vacant council houses. In addition a number of properties were made habitable by the use of Improvement Grants. A greater number of unfit houses could be dealt with if new houses were built. A progress report is given later in this section.

| | |
|---|----|
| Council Houses re-let by parish representatives | 63 |
| Council tenants given permission to take lodgers | 8 |
| Council tenants refused permission to take lodgers | 1 |
| Internal exchanges of council houses permitted | 23 |
| External exchanges of council houses permitted | 3 |
| Council house tenancies transferred (due to death of tenant, or, domestic trouble) | 24 |
| Council garages re-let | 12 |

There is no Common Lodging House in the District.

It is pleasing to report that 193 privately owned houses were completed and occupied during the year, an increase compared with the previous year. The parishes involved were Barby, Braunston, Everdon, Flore, Kilsby, Long Buckby, Weedon and Yelvertoft.

HOUSING (FINANCIAL PROVISIONS) ACT, 1958
HOUSE PURCHASE AND HOUSING ACT, 1959
HOUSING ACT, 1961 HOUSING ACT, 1964
HOUSING ACT, 1969

During the year there was an increase in the number of applications for Discretionary Grant and a slight decrease in the number of applications for Standard Grant. The Housing Act had enhanced the amount of grant aid for both types of grant and the sale restriction on property improved by grant aid was removed.

The summaries given below show the amount of work which has been necessary for the inspection of the proposed works and after completion of approved works, to qualify for payment of the Council's share of the grant.

DISCRETIONARY GRANT:

The number of applications received and approved was 18, compared with 9 the previous year. The cost of the improvement grant aid was £16,215 and of this the Council contributes 25% and the Department of Environment the remainder.

The total cost of the works approved was £46,463.

Since the Act came into force 373 applications have been received for grant aid. Of these 19 were withdrawn by the applicants, 56 were not approved due to failure to comply with the requirements of the Acts and 298 have been approved, costing some £95,101 in grant aid. By the end of the year works in respect of 269 applications had been completed and grant paid.

STANDARD GRANT:

37 applications were received during the year, compared with 39 the previous year. All were approved by the Council. Of this number 32 were from owner-occupiers and 5 from owners of tenanted houses. These approved grants showed a total amount to be paid of £7,303. By the end of the year 531 applications for this type of grant had been approved by the Council, and since the Act came into force, involving a sum of £83,771 in grant aid payment. Further, at the end of the year, works in respect of 445 applications had been completed and grant paid.

HOUSING ACTS 1936-1957

1. Inspection of dwelling houses during the year:

| | | |
|-----|---|-----|
| (a) | Total number of dwelling houses inspected for housing defects under the Housing and Public Health Acts | 116 |
| (b) | Inspections made for the purpose | 324 |
| (c) | Number of dwelling houses (included above) which were inspected and recorded. | 13 |
| (d) | Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. | 13 |

2. Remedy of defects during the year without service of formal notice.:

| | |
|---|----|
| Number of houses made fit in consequence of informal action by Public Health Inspector. | 46 |
|---|----|

3. Action by Local Authority under the Housing and Public Health Acts by serving of informal notices:

| | |
|---|----|
| (a) Under the Housing Acts. | |
| Number of houses requiring defects to be remedied | 32 |
| Number of houses defects remedied by owners | 32 |
| (b) Under the Public Health Act. | |
| Number of houses requiring defects to be remedied | 26 |
| Defects remedied by owners | 26 |

| | |
|---|----|
| 4. Proceedings under sections 16 and 17 Housing Act, 1957: | |
| (1) Number of Demolition Orders made | 4 |
| (2) Houses demolished, a sequence to Demolition Orders | 3 |
| (3) Number of Undertakings accepted | - |
| (4) Houses demolished, after Undertakings accepted | 1 |
| (5) Undertakings cancelled, houses made fit | - |
| (6) Number of Closing Orders made, separate dwellings | 9 |
| (7) Closing Orders determined | 9 |
| (8) Houses demolished, after Closing Orders made | - |
| (9) Houses upgraded to category '1' or '2', repairs and improvements having been carried out. | 18 |
| (10) Dwellings put to other use | - |
| (11) Houses voluntarily demolished by owners, after informal action | - |

The number of dwellings dealt with during the year, for the first time are shown at (1); (6); (9) and (11).

Overcrowding

As a result of the Council's own re-housing, it was known that 2 causes of overcrowding, involving some 8 persons, were abated.

HOUSING ACTS 1936-1957

No Clearance Areas were made by the Council during the year. Unfit houses were dealt with under sections 16 and 17 of the Housing Act, 1957 as either Individual Demolition Orders or as Closing Orders, while 18 properties were dealt with by the owners after informal action and upgraded in category. The year's work was given on the previous page to this section.

The Council have submitted two 5 year plans for the remedy of unfit houses, however, by the end of 1971, a total of 930 had been dealt with. It was estimated that some 250 still remain in an unfit condition and each year can add more to that total. There has been some interest in the improvement and modernisation of the old type houses, and although the Council are only too pleased to approve applications for Improvement Grants there does not appear to be any increase in the numbers applying for grants. Both types of grant have been extensively advertised in the daily national and local press and on radio and television. It has been possible to move some tenants from unfit houses to vacant council houses but lack of building land prevents any real progress in some of the parishes where the housing problems are most acute. The rate of progress appears slow, but the objective is being achieved. A large number of unfit houses are occupied by elderly persons, who are also the owners, and many have just a single occupant. It has been the policy to deal with this type of house as it became vacant. The following table gives the number of unfit houses dealt with and more particularly shown at (a); (c); (f); (i); (l) and (m) up to 31st December.

| | |
|---|-----|
| (a) Houses dealt with in Clearance Areas | 84 |
| (b) Houses in Clearance Areas and now demolished | 84 |
| (c) Houses in Demolition Orders | 184 |
| (d) Houses in Demolition Orders, now made fit | 4 |
| (e) Houses in Demolition Orders and demolished | 136 |
| (f) Houses in respect of which Closing Orders were made (separate dwellings) | 235 |
| (g) Houses as Closing Orders, now made fit | 93 |
| (h) Houses as Closing Orders, now demolished | 65 |
| (i) Houses in respect of which, Undertakings were accepted | 140 |
| (j) Houses in respect of which Undertakings were cancelled having been made fit | 61 |
| (k) Houses, where Undertakings were accepted, but now demolished | 52 |
| (l) Houses voluntarily demolished, after informal action | 51 |
| (m) Houses upgraded, repairs and improvements having been carried out by owners, after informal action | 236 |

INSPECTION AND SUPERVISION OF FOOD

Milk Supply: The Milk and Dairies (General) Regulations 1959 were in force and brought earlier regulations into line with modern methods of milk production.

The enforcement of the Regulations is the responsibility of the Ministry of Agriculture, Fisheries & Food, and as regards distribution and infected milk, the responsibility of the Local Authority.

The Milk (Special Designations) Regulations 1963 were in force and standardised the form of labelling milk in bottles and cartons. The labels on bottles or cartons are now either 'Untreated Milk'; 'Sterilised Milk'; 'Pasteurised Milk' or 'Ultra-Heat Treated Milk', although the term 'Milk from Tuberculin Tested Cows' may be used. The majority of dealers gave up the sale of 'Un-treated Milk' and now only sell 'Sterilised'; 'Pasteurised' or 'Ultra-Heat Treated Milk'; it is only the producer-retailer who still sell 'Un-Treated Milk'. There is no firm in the district producing 'Pasteurised'; 'Sterilised' or 'Ultra-Heat Treated Milk'. There are 19 licenced dealers in the district, to which can be added the 4 large multiple firms, selling milk in all parts of the area. Supplies were generally satisfactory.

Regular sampling of milk (untreated) is carried out by the Weights and Measures Department of the County Council, who have kindly agreed to co-operate with public health departments in the county. Results of any tests which are not satisfactory are immediately reported and suitable action taken. This service has been of great assistance, and our thanks for this helpful method are accorded to the Weights and Measures Department. It is particularly useful in relation to brucella infection.

Existing procedure concerning brucella infection is unsatisfactory, as there is at present, no legal enforcement for the eradication of infected animals from the herd. The Ministry have an incentive scheme for proven brucella free herds, and offer an increased gallonage payment from such herds, but it is a voluntary scheme. The prevalence of brucella in the country cannot be estimated. The only satisfactory way to deal with this problem is the introduction of a scheme, similar to that applied for Tuberculin free herds, so that infected animals must be slaughtered and not permitted to be sold in the market and so set up the disease elsewhere.

There are no poultry processing premises within the district.

FOOD HYGIENE (GENERAL) REGULATIONS 1960/62

Bakehouses: Three were operating in the district. Each has a small output, but serves a useful purpose to some of the surrounding villages. Bread is primarily distributed by multiple firms, either by direct delivery, or by sale to the shops for resale to the public. The bakehouses were regularly inspected and found to be satisfactory.

Food Shops and Catering Establishments:

As a direct result of an increase of staff in the Public Health Department, the number of detailed inspections in terms of the Food Hygiene (General) Regulations 1960/62 and the time that has been able to be devoted to each premise has increased considerably from previous years.

There would appear to be a general awareness by the public and shopkeepers that hygienic standards must be raised and a gradual improvement has been noted throughout the District. It must be said however in this context that the improvement in standards would be much accelerated if the public were to be more critical of the dirty condition of premises, the staleness of food and particularly the bad personal habits of the shop assistant in relation to the handling of food. By refusing to patronise the poorly conducted business the public would force the improvement of standards or alternatively the business would cease due to lack of custom. The Public Health Inspector would welcome the support and co-operation of the public in this matter and any complaints would be investigated and the necessary action taken.

Special problems arise at the Watford Gap Service Area on the M1 motorway mainly due to the 24 hour catering service that is provided. The shortage or change-over of staff or the arrival on-site of a large number of customers from a coach convoy create temporary difficulties but taking into account the scale of catering and throughput the number of complaints received are extremely few. Each complaint is however investigated and the necessary steps taken to prevent a recurrence. Frequent inspections are made and good co-operation is achieved with the management.

The increasing number of public houses in which meals are served poses a new and time-consuming problem. Storage and preparation facilities in many cases only comprise a kitchen also used for domestic purposes and conditions fall short of the requirements of the Food Hygiene Regulations. Discussions will take place with the brewery managements and tenants in the ensuing year in order to effect the necessary improvements in equipment and premises.

Types of Premises covered by the Food Hygiene (General) Regulations 1960/62

| | |
|---------------------------------------|----|
| Bakehouses with shops | 3 |
| Butchers Shops | 16 |
| Grocers Shops | 52 |
| Cafes | 6 |
| Canteens | 10 |
| Clubs | 5 |
| Public Houses | 37 |
| Public Houses with extensive catering | 9 |
| Motorway Service Area | 1 |
| Hotels | 3 |
| Motel | 1 |

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES)
REGULATIONS 1966

In this District these Regulations mainly apply to mobile shops and food delivery vehicles.

Good progress is being made with the equipping of these vehicles to comply with the Regulations and many inspections have been made to ensure that hygienic methods of food handling are being maintained.

MEAT

There are 2 private licenced slaughter houses, premises operated by butchers in connection with their own shops for local trade. The abattoir at Crick, had ceased to exist as a slaughter house the previous year, and during this year, the fittings were completely removed and the premises fitted out as a 'meat boning out' factory. There is now no public slaughter house in the District. The two slaughter-houses were maintained in a satisfactory condition and were frequently inspected, with an annual inspection by the Veterinary Inspectors of the Ministry of Agriculture, Fisheries and Food. Effective fly control was maintained in the cooling halls, etc by means of electrically operated automatic aerosol dispensers which discharge at pre-determined intervals a measured quantity of insecticide suitable for use in food premises. Close attention was given to the methods of slaughter to ensure that humane practices were correctly observed. The stunning instruments in general use were the captive bolt for large animals and electric tongs for pigs, sheep and lambs. Regular inspections were also made of animal lairages, to ensure cleanliness, satisfactory water supply and when necessary adequate food.

All animals slaughtered for human consumption were inspected in accordance with the Meat Regulations, 1963, and if fit for food were stamped before release for sale. The table following shows the numbers and types of animals slaughtered and inspected and the amounts of meat and offal seized as unfit for food. Since the numbers killed and inspected showed a reduction on the figures for the previous year, there was a reduction in the amounts of offals and meats seized, the percentages of such seizures is also much lower than for the previous year. There was a decided decrease in the number of cattle slaughtered and also sheep and lambs, but the number of pigs slaughtered was practically the same as the previous year. There were generally two weekly visits to each of the two private slaughter houses. It will be noted there was no instance of *cysticercus bovis*, whilst there were only 2 parts of pigs seized due to tuberculosis, and in each case it was the head.

| | Cattle Exclud, Cows. | Calves | Sheep and Lambs | Pigs |
|---|----------------------------|--------|-----------------------|------|
| Number killed | 322 | 3 | 1340 | 662 |
| Number inspected | 322 | 3 | 1340 | 662 |
| All diseases, except Tuberculosis and C Bovis: | | | | |
| Whole carcases condemned | - | - | - | - |
| Carcases of which some part or organ was condemned. | 33 | - | 3 | 22 |
| Percentage of the number inspected affected with disease other than T.B. or C.Bovis | 10.5 | - | .22 | 3.3 |
| Tuberculosis only | | | | |
| Whole carcases condemned | - | - | - | - |
| Carcases of which some part or organ was condemned | - | - | - | 2 |
| Percentage of the number inspected affected with T.B. | - | - | - | .3 |
| Cysticercus only | | | | |
| Carcases of which some part was condemned. | - | - | - | - |
| Carcases submitted to treatment by refrigeration | - | - | - | - |
| Generalised and totally condemned | - | - | - | - |
| Weight of meat condemned (lbs) | - | - | 12 | 28 |
| Weight of offal condemned (lbs) | 384 | - | 1 | 39 |

SECTION F

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968 PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS NOTIFICATION OF FOOD POISONING AND INFECTIOUS DISEASES

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:

| | | |
|---------|-------------------------------------|-----------------------|
| | Acute encephalitis | Ophthalmia neonatorum |
| | Acute meningitis | Paratyphoid Fever |
| | Acute Poliomyelitis | Plague |
| | Anthrax | Relapsing Fever |
| | Cholera | Scarlet Fever |
| | Diphtheria | Smallpox |
| | Dysentery (amoebic or bacillary) | Tetanus |
| | Infective Jaundice | Tuberculosis |
| Leprosy | Leprosy | Typhoid Fever |
| | Leptospirosis | Typhus |
| | Malaria | Whooping Cough |
| | Measles | Yellow Fever |

Since 1968 notification of the diseases listed below is no longer required:

| | |
|----------------------------|-------------------|
| Acute influenzal pneumonia | Erysipelas |
| Acute primary pneumonia | Membranous croup |
| Acute rheumatism | Puerperal pyrexia |

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

114 cases of Infectious Diseases were notified, showing a decrease compared with last years figure of 123.

The majority of the cases were for measles, whilst whooping cough accounted for 15 and food poisoning 7.

WHOOPING COUGH: 15 cases were notified.

SCARLET FEVER: 3 cases were notified, compared with 2 the previous year. The illness was very mild and no serious complications resulted.

MEASLES: The incidence of notification decreased, there being 84 cases, compared with 94 the previous year. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it.

In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur. The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. By mid-1970 sufficient supplies of vaccine were available and vaccination was resumed, however during late 1970 and throughout 1971 there was a significant rise of measles notifications nationally and a campaign, initiated by the Chief Medical Officer of the Department of Health, to promote further measles vaccination was successful and there was a considerable increase in the numbers of children vaccinated.

It is to be hoped that a sufficient number of susceptibles will now be vaccinated and that 1971 will be the last year when a high incidence of measles is recorded.

RUBELLA: Rubella vaccination became available in November 1970 and this was offered to all girls in their 14th year of life, i.e. aged 13. Following the increased availability of the vaccines this age limit has now been lowered to include 11 and 12 year old girls.

POLIOMYELITIS: No cases occurred. This gratifying state continues and now, with large numbers immunised, it is to be hoped that this infection will be eliminated. The importance of maintaining a very high percentage of immunisation in the population cannot be over emphasised. It has been found that with immunisation of a high percentage of the population there is a decline of circulating virus in the community and though themselves not immunised this helped to protect other members of the community from infection.

DYSENTERY: 3 cases of Sonne were notified, as compared with 15 last year.

FOOD POISONING: Seven cases were notified. In May there were three cases, all children from one family. This was a large family living in overcrowded conditions. One boy was admitted to hospital. The organism was identified as *Salmonella Typhimurium*. In June a mother and daughter were infected and in August a husband and wife. Although these last four were thought to be food poisoning cases they were never bacteriologically confirmed. The source of infection in all three incidents was not traced.

The condition is usually caused by one of the *Salmonella* organisms, the commonest being the *typhimurium* strain or paratyphoid A or B. The *Staphylococcus* gaining an entry to food from an infected spot or boil on the hands, arm or face of a food handler may also cause a severe form of food poisoning. Some chemical contaminants can be an occasional cause.

More rarely, by typhoid fever or salmonella gaining entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today probably one of the commonest.

SMALLPOX: It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however emphasised that all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

RESPIRATORY INFECTION: 11 deaths are recorded this year from pneumonia and 11 from bronchitis and emphysema. Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infection are still a cause of much disability.

INFECTIVE JAUNDICE: 2 cases were notified compared with 4 the previous year. Under the Health Service and Public Health Act 1968, infective jaundice has now become nationally notifiable. Acute infective jaundice is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of faecal-oral spread, with an incubation period of 15-50 days. The incriminitive routes of infection are from food handlers, water and children to their mother. The virus is present in faeces 16 days before jaundice and to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days. It affects adults mainly and can spread by blood transfusion and inefficiently sterilised equipment used by doctors, nurses and drug addicts, and in various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult may be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital provided adequate hand-washing techniques are practised with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposable equipment were generally introduced. In this county, disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

INFECTIOUS DISEASE - PARISH INCIDENCE 1971

| | Measles | Whooping Cough | Scarlet Fever | Inf. Hep. | Dysentery | Food Poisoning |
|-------------------|---------|----------------|---------------|-----------|-----------|----------------|
| Badby | 6 | - | - | - | - | - |
| Barby | 4 | - | - | - | - | - |
| Braunston | 3 | 5 | - | - | - | - |
| Byfield | - | 1 | - | - | - | - |
| Crick | - | 2 | 1 | - | - | - |
| Everdon | 4 | 1 | - | - | - | - |
| Flore | 3 | - | - | - | - | - |
| Hellidon | 2 | - | - | - | - | - |
| Kilsby | 1 | 2 | - | - | - | - |
| Long Buckby | 2 | - | 1 | 1 | 1 | 2 |
| Newnham | - | 1 | 1 | - | 2 | - |
| Norton | 6 | - | - | - | - | - |
| Preston Capes | 1 | - | - | - | - | - |
| Staverton | 6 | 1 | - | - | - | - |
| Stowe-ix-Churches | 3 | - | - | - | - | - |
| Watford | - | - | - | 1 | - | - |
| Weedon | 27 | 2 | - | - | - | - |
| Welton | 1 | - | - | - | - | - |
| West Haddon | 1 | - | - | - | - | - |
| Woodford Halse | 14 | - | - | - | - | 5 |
| | 84 | 15 | 3 | 2 | 3 | 7 |

INFECTIOUS DISEASE - MONTHLY INCIDENCE

| | Measles | Whooping Cough | Scarlet Fever | Inf. Hep. | Dysentery | Food Poisoning |
|-----------|---------|----------------|---------------|-----------|-----------|----------------|
| January | 12 | 2 | - | - | - | - |
| February | 10 | 7 | - | - | - | - |
| March | 52 | - | 1 | 2 | 1 | - |
| April | 2 | 1 | 1 | - | - | - |
| May | 3 | 3 | - | - | - | 3 |
| June | - | - | - | - | - | 2 |
| July | - | - | - | - | - | - |
| August | 3 | 2 | - | - | - | 2 |
| September | - | - | 1 | - | - | - |
| October | - | - | - | - | - | - |
| November | 2 | - | - | - | - | - |
| December | - | - | - | - | 2 | - |
| | 84 | 15 | 3 | 2 | 3 | 7 |

Total 114

